Care of Injured Personnel and their Families Review

A Preliminary Report

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Acknowledgements

The members of the Injured Personnel and their Families Review Team wish to extend their personal acknowledgement, affirmation, and appreciation to all those injured personnel and their families and the families of members killed in the line of duty, who participated in this review.

We recognize only too well that your willingness to participate, to tell your story, may have caused you to remember or to relive, in a way, a past trauma. We do recognize that, for some participants, there was an element of risk involved with sharing personal information and details, and a generalized sense of suspicion about what the team would do with information provided. We accept and appreciate these factors. For my part, and on their behalf, thank you very much.

The Review Team would also like to acknowledge the professional assistance of Lucille Lurette, without whose care for us and attention to detail this report would not have been possible.

R.G. McLellan
Lieutenant-Colonel
IPFRT Team Leader

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Executive Summary

The Care of Injured Personnel and their Families Review was a project directed by the A/Chief of the Defence Staff (A/CDS) whose aim was to determine the level of the Canadian Forces/Department of National Defence (CF/DND) success or failure in providing members and their families adequate medical and administrative care post-injury. It was to ascertain if the "cases" which were being made public at the time the review was ordered were just isolated ones and not necessarily symptomatic of a larger systemic problem. The review process sought to determine how members, former members, their families or their survivors really felt or thought about services they received post-injury or death. In this sense, it became a "perceptual" type of journey, one which addressed levels of success or failure, from the "personal perspectives of the respondents." All factors of the process considered, what seemed to emerge were generalized feelings of disillusionment and despair, outright anger and mistrust. The most commonly expressed feeling, however, was that of abandonment. Generally, military members injured in the line of duty felt strongly that the military forgot about them post their injury. After the review process was completed, and, even up to the time of writing the report, review team members continued to receive calls from members who wanted to participate, to tell their story. At a certain point, the gathering of information had to cease in favour of completion. This extended interest would seem to lend credence to the review team assumption that the stories heard and the cases discussed were not merely isolated ones but, rather, symptomatic of a larger "problem."

As the review proceeded, it became apparent that respondents had views, perceptions and opinions about other organizations outside of the CF/DND, such as Veterans Affairs Canada (VAC), which impacted on their lives post-injury and which were a contributing factor in their overall feelings and perceptions. While the CF/DND cannot necessarily be held accountable for the actions of organizations outside its span of control, they are nonetheless important to consider in this context. By the same token, other organizations cannot be expected to accept the recommendations made in this review as binding ones. Consequently, the review team made recommendations around issues of closer communication and cooperation designed to improve organizational working relationships in service to injured members.

Levels of satisfaction or dissatisfaction expressed by members in terms of support post-injury were examined across a number of specific factors ranging from organizational and medical support, to pension, career, financial, family-related and logistical support issues. The general dissatisfaction levels with services provided ranged between 48.6% to 90.9%. Personal interviews conducted with 146 respondents were more revealing than statistical facts in that they provided the personal touch, the opportunity for the review team member to "see" the member or family and, consequently, get a sense of how they were affected by the stories they were telling and what their feelings were. The fact that such interviews were conducted by review team members who "came from NDHQ to see me" was much appreciated by the respondents and was indicative to them that Headquarters was concerned about improving the manner in which it responded to their needs after they were injured.

The recommendations made by respondents, either in person or through the narrative section of the survey have been included here along with those made by team members. These recommendations included improving levels of communication between various organizations within the military and between military organizations and others such as VAC; changing general attitudes and approaches; outlining roles and responsibilities for responding to members' needs; improving levels of knowledge about what services are available and which organization provides them; and creating an organization/unit whose responsibility it would be to provide a "one-stop approach" to answering members' concerns and questions.

In the final analysis, while the review indicated a high level of dissatisfaction or a feeling of abandonment on the part of members and their families, it also pointed out that there are very good reasons to believe that the CF/DND is capable of positive change, essentially, that it actively seeks ways of improving how it cares for its injured personnel and their families. This review was considered to be a positive stepping stone for change and should not end with the presentation of this report. Issues which were raised during the review and the perceptions of members, families, and survivors, need to be validated in some way as a next stage in the "improvement" process. For this reason, the report herein should not be considered a "final" report, but rather a preliminary, first stage one designed to provide the mechanisms for further review and refinement.

"If the task is to move a mountain of dirt; the solution is to begin simply and directly by moving the first shovel full."

Old Chinese Proverb

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Introduction

1. One constant task of organizations, both large and small, is to ensure that they enact policies and procedures which affirm, support, and recognize the unique contribution made towards organizational goals and objectives by members/employees within the organization. This serves a number of purposes, from reinforcing the individual importance of members to a strengthening of morale and commitment to its purpose and, in a real way, indicating that the "whole really cares for each part." From an altruistic point of view, it is simply the right thing to do. From a practical point of view, it contributes to organizational/operational effectiveness.

2. The Canadian Forces is an organization which calls upon its members, and by extension their families, to serve in extraordinary circumstances in a "variety of hazardous environments, from operations in conditions of war overseas to fighting fires and floods in Canada." (Stow, 1997) These factors place a multitude of extra stressors on members and families. In view of this, it is especially important, even crucial, that the organization enact policies and procedures to affirm, protect and serve its members. In short, the Canadian Forces needs to make continual efforts at ensuring that it approaches its members from a position of caring and concern.

3. This caring and concern should be exhibited in all facets of the relationship between the Canadian Forces and each member and his or her family. The subject review concerns one area of the relationship between the Canadian Forces and its members — the Care of Injured Personnel and their Families. In view of the fact that such a review had never taken place, and in keeping with his ongoing mandates in the areas of Care of Our People, Quality of Life and Conditions of Service, the A/Chief of the Defence Staff (A/CDS) directed that such a review take place. This specific tasking encompassed a number of sub-tasks including:

a. confirm, on an individual basis, who has been a casualty since 1 January 1992;

b. attempt personal contact with all casualties or their survivors;

c. determine if they have any positive or negative comments which they would share;

d. in cases where individuals were not satisfied, determine what happened and why;

e. closely examine administrative procedures to ensure continuity of care and personalized attention; and

f. prepare a report and recommendations.

4. The preliminary report herein is submitted in accordance with the aforementioned

direction.

Review Limitations

5. The Care of Injured Personnel and their Families Review process was conducted under certain limitations which occurred by design and by circumstance. While these limitations did not jeopardize the findings in any way, or invalidate the conclusions and recommendations, it could be said that if they were not present a more encompassing review might have taken place. In any case, they are mentioned herein for information purposes and not as a review team excuse for a less than professional review.

6. The first such limitation was that of time. The timing constraints were placed on the review by the A/CDS for good and valid reasons, not the least of which was a strong desire to indicate the seriousness with which the CF/DND treated the issue and a goal of providing some positive proof of quick action. Nevertheless, it was a limitation that the review team experienced throughout. After the CANFORGEN on the review was released in July 1997, a great number of calls were received asking for input to the review. Indeed, at the time of writing, such requests were still being received. In addition, the arbitrary date of 1 January 1992 was viewed as a limiting factor as the team received many calls from personnel or their families who were injured before that date and had a story to tell. Generally, the team listened to any caller regardless of the date of their injury.

7. The second limitation the review team experienced involved finding out who the injured/casualties were. In terms of casualty/injury reporting, the team discovered that there was no one organization responsible, that casualty reporting was unreliable and ownership of the data unclear. It was, therefore, a difficult hurdle to establish with any degree of accuracy a reliable list of injured personnel. In addition, the identification of the types of casualties was made more difficult with the absence of any coding or grouping. The data finally settled on what was as close to accurate as the team was able to ascertain. A recommendation concerning this issue has been made.

8. The third limitation of the review was the questionnaire which was developed to assist the review. It was essentially designed to provide a general overview of the levels of satisfaction or dissatisfaction expressed by members and in that sense proved a reliable measure. However, had more time been allotted to the review, this instrument could have been pre-tested and perhaps redesigned so as to provide much additional information for comparative purposes. The review team shared the view, however, that the essence of this review was in the personal touch, the personal stories which were shared by the respondents.

9. The final limitation the team experienced was the fact that the entire review took place over the summer months, in short, during the posting and leave season. It was extremely difficult to reach many respondents because of that fact and many questionnaires were returned because of postings. Members being away on leave made it impossible to interview them or to receive their comments during that time as well.

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Background

10. At the time of this tasking, there were other precipitating factors extant which influenced the A/CDS's decision to order such a review. Among them was the Standing Committee on National Defence and Veterans Affairs (SCONDVA). This committee generated tough questions concerning pensions, benefits and possible liability against the Crown for poor treatment of injured personnel and families of deceased members. There was a good deal of negative media attention concerning poor treatment and the lack of responsiveness the CF exhibited towards its members. In addition, there was anecdotal evidence and stories from members themselves. All of these factors caused the A/CDS to state that "...proper treatment of CF members is not an administrative issue; it is a leadership issue."

11. In order to address the perception that issues are very often studied for an extended period of time and produce no clear results, the study was to be completed and results produced by 30 September 1997. The review team leader, who was to actually direct the process, was appointed through Chief of Staff/Assistant Deputy Minister (Personnel) (COS/ADM Per) on 14 April 1997.

Team Formulation

12. The team leader was directed to choose representatives from each environment and from National Defence Headquarters to assist with the review. In consideration of the importance of the Reserve Force, a representative was also chosen from that component. What emerged from this selection process was the following team:

Team Leader: LCol RG McLellan

ECS (Land) Rep: LCdr MRL de Montigny

ECS (Sea) Rep: LCdr DGH Freeman

ECS (Air) Rep: Maj HG Matheson

Reserve Rep: Maj SL Holland

NDHQ Rep: Maj (Ret'd) JM LeBlanc

Advisory Members:

Mr. Jim Rycroft (Royal Canadian Legion)
Ms. Sandra Gaudet (Veterans Affairs Canada)
Mr. Raymond Roy (Veterans Affairs Canada)

Team Building

13. The Review team first met together on 20 May 1997. The purpose of this meeting was to discuss the mandate and to review planning and tasking. It was agreed at this time that the review at hand was extremely important and had the potential of having very positive far-reaching effects on the Canadian Forces, the Department of National Defence and Veterans Affairs Canada. Given that fact, it was necessary that the team members themselves were of like mind in terms of purpose, mandate and direction. These issues were settled and agreed upon by team members and an initial action plan was developed.

Team Philosophy

14. It was agreed that the most important factor in the review process would be what the members, former members, their families, their survivors, said and felt about how they were treated post-injury. For this reason, the team had to develop an approach philosophy which would encourage maximum participation and trust in the review. It was decided that team members would:

a. actively **LISTEN** to the stories;

b. make **NO JUDGEMENTS** about them or the person telling them;

c. make **NO PROMISES** about what action the Canadian Forces would take;

d. seek their suggestion for **CHANGE**;

e. **AFFIRM** and **RECOGNIZE** their experiences; and

f. **REPORT** back to them.

Action Plan

15. The Review team established a series of actions designed to address the major issues of finding casualties/injured personnel, determining how they were treated, inviting their recommendations around any improvements/changes that needed to be made. The following action plan was established:

Phase I — Planning
Phase II — Administrative set-up
Phase III — Contact with injured personnel and families of casualties
Phase IV — Interview and collection of information from questionnaire
Phase V — Assessment and evaluation of data
Phase VI — Preparation of report and recommendations

Injury/Casualty Definition

16. In order to determine who the casualties were, it was first necessary to establish a clear definition of what constitutes casualty/injury. For the purposes of this review, a casualty was considered to be:

> "An injury or death which occurred while on duty, either in an operational theatre or special duty area or on non-operational duties in Canada."

17. In a further refinement, the team considered that an injury should be defined in both physical or psychological term. Therefore an injury is defined as:

> "Any physical or psychological damage suffered while on, or as a result of, duty either in an operational theatre or in Canada."

Related Studies and Reviews

18. There have been other studies, reviews and reports conducted recently within CF/DND which relate to, or have an impact on the specific issues examined in this review. It is not the intention of the review team to duplicate in any way work that has already been completed, or to recommend actions which have previously been made in other works. It is, however, worthy to mention herein certain such works which are indicative of wider departmental initiatives in the areas of care of our people, conditions of service, and quality of life. This serves two purposes. In the first instance, it points out that "wider departmental initiatives" are not being conducted in isolation. In the second instance, in the sense that similar issues such as leadership, medical care, and administrative support are dealt with in each, the necessity for change will be reinforced.

19. Other studies to be mentioned are:

Study of the Treatment of Members Released from the CF on Medical Grounds, Stow, J.W., Directorate of Personnel Policy, National Defence Headquarters, Ottawa, 1997.

20. This is a most important study which has examined some of the same respondent base as the current review. This study was completed using an anonymous questionnaire and through this medium discovered "significant dissatisfaction with the adequacy and quality of information, assistance and support provided to members throughout the release process, the length and complexity of the disability pension claims process and the inadequacy of financial compensation and benefits provided by existing pension and insurance schemes." (Stow, 1997) Furthermore, it has made recommendations which address these issues and which, in the opinion of this review team, can be and should be acted upon with dispatch.

Review of Casualty Reporting - Final Report, SHL Systemhouse Inc., Ottawa, August 23, 1996.

21. This report was completed in August 1996 and has not been acted upon to this date. It speaks to the departmental problem of difficulty in reporting, collection, retention and dissemination of casualty information. The first major difficulty experienced by the current review team was in this area. Where would the data be found, how reliable is it and which organization is responsible for collection and retention? There are no clear answers to these questions at the present time nor is there an answer as to what kind of data is collected. The Review of Casualty Reporting Report provided an assessment summary concerning the inadequacies in the current system which included an inability to meet timing requirements and poor internal communications; inconsistent interpretation of the term casualty; delays in the completion of injury reports, Summary Investigations and Boards of Inquiry; and no clear-cut responsibility for retention of casualty data.

DND/VAC Improvement Team - Final Report: Albert, B. (VAC) and Desautels, P. (DND), Charlottetown/Ottawa, September 1997.

22. This team was established with a view to improving client services. It was to identify benefit and service needs, look for any overlaps/gaps in benefits and services, resolve short term problems and recommend the solutions to longer term difficulties. Other issues such as inter-department communication channels and links, protocol for disability assessment in the case of post-traumatic stress disorder and the increased cost of medical documents/records were also examined. This initiative and the recommendations which were produced will be integral to the improvement in relations/communication between DND/VAC, the ultimate beneficiary of which will be the clients both organizations serve.

Modernization of the Quality of Life in the Army - Final Report,
prepared for the Commander of the Army, St. Hubert, 22 December 1995.

23. This report concerns itself specifically with the Army, but has great relevance to the current review. It examined leadership, job satisfaction, military systems, financial and living conditions issues. It concluded that "the truism that people are the Army's most valuable resource" is not necessarily shared by the troops. The study also determined that leadership is a problem, noting that "the Army's leadership style must adapt to change and all levels of leadership must revisit some of the basics of leadership." This report is especially relevant because it discovers some of the same problem issues as did the current review.

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Methodology

24. In keeping with the original mandate of attempting to personally contact all casualties or their survivors, the review team determined that the interview, the personal story method, should be used as the main data/opinion gathering method. Therefore, a plan was developed to conduct personal interviews with as many members and their families as possible. A secondary method of gathering such data was through the use of a questionnaire which could be mailed to prospective respondents. This was also used with the goal of both reinforcing or corroborating the issues discovered in the interview process. Conducting personal interviews would accomplish a number of aims. It would provide team members with the opportunity to actually meet injured personnel and their families; it would enable the team member to intervene/advocate for the member in the immediate short term future; it would personalize the process of gathering data; and finally, it would serve as a clear indication to the injured personnel that Headquarters cared enough to go and visit them rather than requesting they come in for interviews. Therefore, the facts, the data, the opinions were collected using the following processes:

a. identification of casualties since 1 January 1992;

b. interviewing casualties and families;

c. administration of a questionnaire; and

d. data analysis.

Identification of Casualties

25. For the purpose of this survey, NDHQ/D Pers AS and DPIS provided particulars of individuals injured or deceased between 1 January 1992 and 1 June 1997, under separate groupings as listed below:

Group 1: *Injuries and fatalities in* ***Special Duty Areas*** *reported under CFAO 24-1 (Unusual Incidence Report)*

137 personnel (116 injured and 21 families of deceased) were contacted by means of a letter specific to either injured or families of deceased with a follow-up telephone call to set up face-to-face interviews;

Group 2: *Injuries and fatalities* ***Out of Special Duty Areas*** *reported under CFAO 24-1 (Unusual Incidence Report)*

384 personnel (185 injured and 199 families of deceased) were sent a letter and a questionnaire to assess the level of satisfaction with care and service. A letter specific to injured or families of deceased provided a 1-888 toll-free number and an invitation to contact team members; and

Group 3: *Injuries reported under CFAO 24-2 and involving a Summary Investigation*

1027 personnel who suffered injuries in a non-operational theatre were selected to be contacted by mail, including a questionnaire. Personnel within this group were also invited to contact the team had they any further information to share.

NOTE: Announcing the survey through a CANFORGEN and word-of-mouth publicity resulted in additional personnel requesting participation.

Interviewing Casualties and Families

26. The CANFORGEN on Care of Injured Personnel and Family Review was given Canadian Forces-wide dissemination in July 1997. This announcement resulted in an increase of 18 face-to-face interviews for a total of 146 (i.e., 137 initially planned, less nine (9) non-contact, plus 18 additional = 146 interviewees). Interviews were conducted by team members with some assistance from Base Social Work Officers, and most often involved travel to the residence of the injured or family of deceased member. Following the interviews, a summary of the information and recommendations collected on the quality of care and treatment received was submitted to the team leader.

Questionnaire Administration

27. Nine hundred and forty-one (941) questionnaires were mailed out from an initial list of a possible 1541 personnel from **Groups 1, 2 and 3.** The lesser number is explained by the need to reject those with:

a. incomplete address labels;

b. out of country addresses;

c. multiple listing of the same individual;

d. known acute medical limitations; and

e. known intention not to participate.

28. The deadline for the return of questionnaires was extended to 15 September 1997 in order to reap the benefits of a reminder sent to Groups **2 and 3** on 22 August 1997.

Data Analysis

29. Consisting of ten (10) biographical and 80 'agree/disagree' or 'yes/no' items, the questionnaire was designed to elicit response on the quality of treatment and service/care/support that injured personnel, their family, and the next of kin of deceased personnel were provided with. The items were grouped under seven (7) main areas of interest, namely: **Organizational Support; Medical Support; Pension Issues; Career Issues; Financial Issues; Family-Related Issues; and Logistical Support Issues**. Data from the questionnaire was subjected to a straightforward statistical analysis to assess the level of satisfaction/dissatisfaction with various aspects of treatment and service delivered within various sub-groups. The data was analyzed using SPSS PC procedures. A

frequencies analysis was conducted to obtain basic descriptive information such as mean, standard deviation and response frequencies for each of the ten (10) biographical items and the 80 service items. The data was further analyzed using the one-way Analysis of Variance procedure to identify item level significance mean differences between the groups which comprised each biographical variable.

30. A summary of the analysis indicating those items for which a significant difference was observed is submitted in the **FINDINGS** section of this report.

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Findings

Survey Data

31. Nine hundred and forty-one (941) questionnaires were sent to individuals who were injured either in theatre or in Canada, as well as to the survivors of deceased service members. Of these numbers, 392 (Regular Force–330, Reservists–55, Families–7) were included in the analysis. Two hundred and fourteen (214) questionnaires were returned as undeliverable and approximately 40 were received after the deadline. The remainder is unaccounted for; some were still being received at time of writing. The return rate on the questionnaire was approximately 42%.

32. The confidential questionnaire was designed to elicit general information on a wide range of issues related to organizational support, medical, pension, career, finances, family and logistics, as well as biographical items related to type of injury, rank, age, marital status, etc. Generally, the survey revealed a strong dissatisfaction towards the manner in which the Canadian Forces handles its injured personnel. The following highlights the general areas of concern.

Organizational Support

33. This section included 28 items focusing on areas such as satisfaction with support provided by DND, the provision of information and guidance, the availability of individuals to provide assistance and services to veterans.

34. Overall, most respondents indicated that DND did not meet their expectations (51.9%). For the reservists, the level of dissatisfaction was much higher at 80%. The perception that DND doesn't care or that leadership has let them down was reported in excess of 50% of the cases. The provision of information was a major source of difficulty: 70.4% reported receiving no initial guidance from DND to help deal with their situation. Furthermore, 91.5% of the respondents indicated that DND should provide more information on the resources available to assist injured personnel. Not surprisingly, 80.8% of the respondents indicated that DND needs to do more to assist veterans in dealing with their injuries/disabilities.

Medical Support

35. This section included 14 items focusing on areas such as satisfaction with the provision of medical care, the provision of information concerning medical status, and Medical Patient Holding List (MPHL).

36. Approximately 50% (48.6%) of the respondents indicated that the medical system was not responsive to their needs and 51.3% were not satisfied with the assistance provided by the military medical officer. For 46.6% of the respondents, money concerns by the medical system were seen to be more important than the individual's well-being. In 55.9% of the cases, individuals were dissatisfied with the information provided by the

medical staff on their medical status. Dissatisfaction with medical follow-up was reported by 59.8% of the respondents. The vast majority of the respondents were not placed on MPHL. However, 70.2% of those who were indicated that it was not of benefit to them.

Pension Issues

37. This section included 13 items focusing on Service Income Security Insurance Plan (SISIP) and on the Canada Pension Plan (CPP).

38. The number of respondents to the items in this section was small, therefore caution should be exercised in generalizing the results. Of the respondents who applied for CPP and/or SISIP, 64.4% believed that their claim for CPP was not processed satisfactorily and 49.4% indicated dissatisfaction with SISIP services. Request for information relating to their case was not promptly acted upon for 60.9% of the respondents; 51.5% felt that SISIP policies regarding disability pension were unfair; 90.9% reported not understanding why they were refused; and 89.9% were unaware of their entitlements at the time of their injury.

Career Issues

39. This section included eight (8) items focusing on areas such as provision of information related to implication of injury on career, and assistance in preparing for an alternative career.

40 Many of the respondents (61.3%) expressed fear concerning the impact their injury would have on their retention in the Canadian Forces; and 70.1% of the respondents were not counselled early on as to the potential impact. In general, the younger members

(18-35) are more concerned about career issues, both with the Canadian Forces and as it relates to finding employment outside the system, than are the older members. Planning for a future outside the Canadian Forces was met with little support; 65.4% felt that the Canadian Forces provided little in the way of assistance to be used in a job search. SCAN services were not made available to 71.3% of the respondents.

Financial Issues

41 This section included nine (9) items focusing on areas such as the financial impact of injury and financial assistance provided.

42 For 46% of the respondents, their financial situation deteriorated as a result of their injury and 77.8% indicated that little assistance was made available to address their financial need. In cases where financial assistance was made available, 58% deemed it to be unsatisfactory; and 63.7% indicated that their family was required to bear a greater financial burden as a result of the injury. When this number was broken down by gender, it was reported that, in general, female respondents experienced a more negative impact on their personal and family finances as a result of their injury.

Family-Related Issues

43 This section included five (5) items focusing on support to family.

44 The need to review the extent of assistance provided by the CF to families was reported by 77.8% of the respondents. Seventy-four percent (74%) indicated that their

families received little support from the CF during their convalescence or hospitalization. While professional assistance wasn't deemed necessary by the majority, 55.7% felt some form of guidance would have been helpful. In general, families of casualties (cases of death) were positive about the service they had received.

Logistical Support Issues

45 This section included three (3) items focusing on material support, (i.e., transportation and equipment/material), which may be required by an injured individual.

46 Almost 50% (48.1%) of the respondents indicated dissatisfaction with transportation assistance provided. Approximately 45% of those requiring special equipment were dissatisfied with how this issue was handled. The timely provision of such equipment as wheelchairs and transportation to and from medical appointments are examples.

Case Histories

Introduction

47 Interviewing military personnel who had faced potentially life-threatening situations, or the survivors of members who had been killed on duty, required reliving emotionally during the interview events that had left both physical and emotional scars. The review team was aware of this and attuned to the effect it might have had on respondents.

48 Although there were some stories of very caring approaches to injured personnel on the part of certain leaders, administrative, and medical personnel, they were, in the main, very rare. In fact, most often, review team members faced hostility and anger. On occasion, team members found themselves having to defend the military for decisions that were at best questionable and at worst unethical. The litany of complaints, and the sense of frustration that injured members projected into the interviews, was often overwhelming. What amazed members of the team was that, after all the difficulties our injured members had been put through by the military and civilian systems that were supposed to be their support, these injured persons generally still had the ability to look with some optimism towards their futures. However, in looking to their futures they had realized that, notwithstanding what the military preached as its responsibility for its people, there was to be little support from this organization. Some of those members who were interviewed even suggested that the military and those other civilian organizations whom they had looked to for assistance were more of a hindrance to the member's future than a help. Often, injured members came to believe they could only rely on themselves, and the support that they might receive would not be available unless they became very assertive and were prepared to fight with persons who acted as gatekeepers for the delivery of support services.

49 Members of all components felt abandoned, mistreated and abused. Many indicated that they would never again trust the chain of command. They suggested, given what they had experienced, they would never go into harm's way again and would tell other service members to make the same choice.

50 Members of the team who were involved in interviewing injured personnel and their families were to learn that it was not only injured members who were having difficulties. Team members saw certain individuals who believed that they were inappropriately treated or abandoned by the military. These members and their families utilized the team as a conduit to lay out their concerns about medical care and administrative management within the Armed Forces.

51 Another member echoes the experience of the PO2. This member presented himself to the Medical Officer in October 1993. He was diagnosed with having a virus and was prescribed medication. The member noted a continued deterioration of his health and experienced five (5) separate occasions, over three (3) years, where his symptoms were explored. In May 1996, the member was diagnosed with hepatitis C. The attending physician informed the member that markers for his condition were evident in his blood work from the early 80's but they appear to have been ignored on three (3) separate occasions.

52 In the same vein, two veterans of the Gulf War continue to see their health deteriorate. The first finds that it takes all his strength to simply cope with day-to-day living so that he no longer can fight with either the military or civilian support system. The second, who will be wheelchair-bound within the next few months, is completely dependent on his family due to memory loss and physical incapacity. Though these individuals are receiving support through VAC, the difficulties they have encountered, they believe, are directly attributable to the reticence of the military and the military medical system to accept that their condition is due to their military service. The families of these former members state that, simply because their fathers' and/or spouses' condition does not meet some already defined nomenclature currently in use within the military medical system, the member goes without recognition and support.

Overview

53 A construct that has been accepted by Regular and Reserve Force members is that, if they should be injured, their medical and administrative care would be the very best the Armed Forces could provide. Many of those injured personnel interviewed believed this not to be the case. Their perception was that those of higher rank either would have or did receive better care and support. Whether the members were relating their experience with the medical, administration, command, National Defence Headquarters or civilian support organizations, they believed that they received less than they were entitled to and what they received was given, at best, in a begrudging manner.

54 Members who suffered serious injuries due to training or operational accidents, and families who had experienced the death of a loved one, voiced the belief that their treatment suggested a lack of honesty on behalf of the Service. Comments intimated that the public persona of the military in supporting these individuals and families and the military's private persona in supporting members and their families were diametrically opposed.

55 Injured persons, their families and survivors of members who were killed have had abnormal experiences and as such are highly susceptible to an emotional rather than a rational approach to their situation. Many of those injured members interviewed verbalized their doubts that any concrete changes would come from this study. Their cynicism appears to have evolved from their treatment by the Armed Forces and those civilian organizations that are intended to support our injured members.

56 The case histories which follow, both from the Regular Force and the Reserve, were selected because they represent the general experiences and problems specific to each component. Preceding these case histories is a general discussion on the issues that have been identified as recurring themes.

Regular Force

57 Each of the Regular Force members interviewed pointed to specific areas of concern that arose from his or her experience. Dissatisfaction with medical care was the primary complaint. These complaints encompassed such things as mishandling of patients by Medical Officers and Medical Assistants, misdiagnosis, insensitivity on the part of the medical staff, the belief that the members had to prove that they were injured, and mismanagement of medical processes. Some of our members were exposed to horrendous conditions when wounded or injured in operational theatres and placed under the care of medical systems that were not allied to our own. Dissatisfaction with medical care was followed closely with a sense that the chain of command abandoned the member post his or her injury. This sense of abandonment was heightened in members who never received hospital visits from their Unit, did not receive information concerning their condition, and experienced the indifference of a Commanding Officer, an Officer Commanding, or a Senior Non-Commissioned Officer often negating a Medical Officer's recommendations and thus exacerbating the member's injury. Many service members stated the generalized fear that if the members mentioned their inability to function due to their injury they would be labelled as malingerers and face some form of career action.

58 This abandonment was most acutely felt by survivors of those members who had been killed in training or on operational duty. Consistently these individuals told of how, once the public functions of military honours were completed, they could no longer expect to obtain information or assistance. They felt that, in many instances, they were treated with disdain by the military after the initial response to the accident, raising the belief that the military was attempting to cover up information concerning their loved one's death. This feeling was reinforced when family members did not receive all the personal effects of their loved one and when they attempted to obtain information about these effects the military misrepresented the situation or did not respond at all. Many times, families indicated that they had heard about a member's death or injury through the media. Details of injury or death were much more readily available through this source. A number of mothers and wives mentioned their astonishment at receiving their Silver Cross through the mail.

59 Members interviewed consistently spoke of administrative problems, gaps in their ability to obtain information and the sense that, when dealing with our own organization or VAC and SISIP, they had to fight to obtain information, administrative support or benefits. Many believed that the standard procedure at VAC is to award 10% disability and then see if the member was prepared to fight for a higher compensation. Those interviewed were angry that they had either lost benefits or were into systems of appeal because military members they had consulted and believed should have been knowledgeable did not know what was required by and for those members who were injured. They further indicated that the administrative system treated them as if they were a burden and were to be moved aside quickly. This perceived expedient treatment also extended to family members, particularly in the interpretation of next of kin which appears to many family members to be confusing and applied inconsistently across the Armed Forces. Members also indicated that the more they became frustrated with the administrative system, the more the system perceived that the problem was the members' lack of cooperation and as a consequence the military became less accepting of the members' circumstances. Though NDHQ was singled out for particular disdain, comments focusing on the lack of support by both Command and Base Staff were often pointed and hostile.

60 It must also be noted that some of our members, and in particular some survivors of members, spoke in positive terms concerning the military's involvement in their circumstances. Survivors spoke in glowing language of the treatment they received before and during ceremonial occasions. The ability of the military to provide a dignified public

display of respect for fallen comrades and such things as photographs, plaques and memorials were all seen in a positive light by family members. Assisting Officers generally came in for praise from family members and individual Unit members were often singled out as supporting both injured members and their families. In particular, junior enlisted personnel often went out of their way to ensure families and injured members were supported. Some Units in the combat arms came in for praise from injured members. Where the regimental system was applied it worked well and formed a net of support for both the member and his or her family. Allied medical facilities particularly of the United States of America (USA) were mentioned as providing outstanding medical and supportive care.

61 During the conduct of this review, a great number of very personal stories were related to team members. It would be counterproductive and repetitive to tell all of them in this context. Suffice to say that all of their comments and suggestions have been taken into consideration in the preparation of this preliminary report. In addition, the team also conducted personal interviews with such members and former members as Major Bruce Henwood, Captain Louise Richard, WO Tom Martineau, and Sgt Michael Schlueter, all of whose stories have already been told in a wider public forum and whose comments and suggestions have also been given careful consideration herein. For this reason, the review team has decided not to repeat their particular stories at this point. The members whose stories are repeated here hope that the telling of their story may cause positive changes to occur and thus have injured personnel treated more positively in the future.

Case History #1

62 When a member is placed in harm's way, injured or killed, it is the member's dependents, either as a support for the member or as the member's survivors, that are the most vulnerable. As a widow, this person experienced these emotions intimately when her husband was killed in a Sea King crash. She feels that in many respects she has been abandoned by the military. Her children are angry, as the benefits that the family believed were their entitlement, such as tuition allowance through VAC for a University education, no longer exist. She tells how after her husband was killed she received a phone call from her sister early on the morning of the accident.

63 When her sister realized that she was unaware of her husband's death she passed the phone to the brother-in-law who is also a serving member. He informed her of the helicopter crash. The extended family's fear was that she would hear about the crash and death of her husband on the televised national news before she could be notified officially. It was some time after this phone call that representatives of the Squadron and the Base arrived at the family residence. By this time she had informed her daughter of her father's death. Her daughter reacted negatively to the presence of the military members in their home. Two sons are also serving members. The eldest son was eating lunch when informed by friends of his father's death. They presumably became aware of the circumstances through the media. The youngest son was on a field exercise and was told that one of his parents had died but there was no information concerning which parent.

64 She states that fortunately her husband had prepared her for the possibility of his death and so this fact, and her own resourcefulness, enabled her to cope with the bureaucracy she was about to face. Though an Assisting Officer was assigned, he was inexperienced and in any event he was of little help as within a few days after his appointment he was sent to sea. The formal process of her husband's demise was handled appropriately. However, she feels that post the accident there has been a battle with the military to obtain information concerning the circumstances. She indicates that this battle commenced soon after the crash when she requested information concerning the autopsy

that was performed on her husband. Rather than a positive response to her request she was initially refused access which made her wonder what the military was attempting to hide. After she asserted herself, the military relented and she was able to contact the Medical Officer who had the information she required.

65 The second incident of significance occurred while she was in the Maritimes looking after the family residence following her husband's death. She received a phone call from the Comptroller's Branch CFB Esquimalt indicating that a cheque in her name had been raised and was ready for pick up or to be placed in the mail. She requested that the cheque be held at the Base as she was returning to the Esquimalt area in the near future. She fully expected to receive a phone call from the Base upon her return to Victoria. After three weeks she had heard nothing, thus she called the Comptroller's section. According to her, she was greeted with hostility and what bordered on abuse to the point where she felt it was necessary to contact the Base Commander who rectified the situation and had the cheque delivered to her home.

66 She indicates that these two incidents in themselves are not cataclysmic but are indicative of an attitude within the military. She offers other examples of how her sense of abandonment is based on the attitude and behaviour of military members. For some time now she has had no personal contact with the military. When it chooses to communicate with her it is by letter. She has given up attempting to communicate with the military by letter as it has failed to respond either to her requests or her letters.

67 As husband and wife, they renewed their wedding vows on their Wedding Anniversary just prior to the Sea King crash. During this ceremony they exchanged custom wedding bands. Recently her daughter asked if her father's wedding band had been returned after the crash. She then realized that she had not received any of her husband's personal effects. When she attempted to contact NDHQ she could not get a response to her questions concerning her husband's effects. She understands that the helicopter was on fire when it crashed. If all her husband's personal effects were lost, including his anniversary ring, she simply wishes to know this. To be put in a position where she cannot get an answer to her questions only leaves her and her family distrusting the military. She still has questions as to how the amounts of funds that she received were arrived at, and why after her husband's death the family residence in the Maritimes was not eligible for real estate and legal fees payment. She also insists that the rule that forces a widow to move within one year of the member's death creates more stress in an already stressful situation. Though she has obtained an extension to this move we still are, in her mind, pressuring her to relocate.

Case History #2

68 Her son was killed in Somalia, and she echoes many of the feelings of distrust expressed in the previous case. He was killed in his tent when a member of his regiment inserted the clip in his weapon and dry-fired the weapon. A round was discharged and struck him in the head. She indicated during the interview that how her son died was a shock, particularly as she found out about the cause of death from the local newspaper. She and her husband did not understand why they could not view their son's remains, and it was not until they read the local newspaper that they understood why there was to be a closed casket. To this day, her husband refuses to speak to military officers outside of his son's disbanded Regiment as he believes that the truth concerning his son's death has not been told.

69 This family's experience commenced when they found a note attached to their door. Apparently, members of the military, including the military police, had been at their home that day but as it was late in the afternoon before the member's parents arrived

home, the military members had chosen to depart. She indicates that the assigned Assisting Officer did an excellent job. He was attentive, yet not demanding or overbearing, and he was sensitive to the family's wishes. He was able to balance the family's requests with the formal demands of the military organization. She also indicated that she understood the presence of the military Chaplain was required but she felt that his lack of experience and his inability to deal with his own emotions minimized his value.

70 As a mother, she was generally pleased with the public response of the military to her son's death. In particular she singled out the Airborne Regiment and its Commanding Officer for praise. She indicated that after the Airborne Regiment was disbanded they were abandoned by the military and since that time the family has been frustrated in their attempts to obtain information. She points to the lack of cooperation of NDHQ as an example of this. She found that when attempting to contact the senior headquarters she cannot find anyone who will accept responsibility and she is passed from person to person. In fact, she suggests that since the stand down of the Airborne Regiment and the initial response of the local Military Base she has received no support.

71 She and her husband believe that they have been abused by the military and by DND. They were astounded when the Minister of National Defence, during his press conference, named their son as a member of a neo-Nazi organization within the Airborne Regiment. They feel that this statement was prejudicial to themselves and their son, is unproven and only points to the way that senior commanders and their political masters use whatever they can to cover up their involvement and negate their responsibilities for the decisions they have made. They believe that the minimum courtesy would have been to inform them that their son was being investigated for this possibility and preferably they should have been informed that their son was to be named by the Minister.

72 The family has come under scrutiny due to the Minister's statement, and they have been placed in a position where they have had to defend themselves and their son in the community in which they have lived and in which he grew up. These feelings of abuse have been reinforced by the media who suggest that they have witnesses who state that their son did not die in an accidental shooting but rather was "taken out" and hence NDHQ is covering up information. According to these media sources there was some question as to whether he would remain silent about what he had observed in Somalia. This innuendo was reinforced by personnel at NDHQ who could not or would not respond to questions concerning the member's personal possessions from Somalia.

73 The member's sister was the individual designated to receive his personal possessions, but when they arrived there were a number of items missing, including personal correspondence. When the family asked where these items were, they were initially told that they did not exist. Since the member's father had served in the military he fully realized that soldiers who are serving in operational theatres keep correspondence and other mementos of home. Thus, the family decided to question the military again about these items. They were then told that their daughter, who had received the member's personal items, probably had destroyed the material that they were asking about before she had taken what remained back to the member's parents, a notion they find ridiculous.

74 As a parent, she was also disappointed when she received her Silver Cross through the mail. She noted that the award almost did not arrive as the box had broken open and the Cross was hanging precariously by shards of cardboard. She does not understand why the military could not muster someone in authority to present her with the Silver Cross. She feels this lack of sensitivity to the loss of her son simply points to how, for the Senior Commanders, their soldiers are simply expendable commodities.

Case History #3

75 As a former MCpl in the Infantry, this individual also experienced the sense of being expendable. The member was released due to an administrative error and as a consequence did not receive the medical care he required. He is also unable to obtain benefits that he is entitled to as a member whose injury is attributable to duty in a Special Duty Area. He suffered a complete tear of his left supraspinatus muscle while on UN duty in Croatia in August 1994.

76 According to the Base Surgeon in Calgary, this injury was misdiagnosed. The attending Medical Officer and an Orthopaedic Surgeon diagnosed a minor soft tissue injury and the suggestion was made that the member was a malingerer. It was not until May 1995 that the member's injury was discovered two days prior to the member commencing his terminal leave. A message was sent from Calgary to D Pers AS requesting that the member be given 29 days sick leave commencing 16 May 1995 and that the member's release was processed in error. A second message in June 1995 indicates that the member was awaiting surgery and requested that he be placed on the MPHL. This message reinforces that the member was released due to an administrative error in Calgary.

77 Some time after September 1995, an undated handwritten note from a Corporal addressed to "To Whom it May Concern" was received which states: "...as far as DPS 4 is concerned, the member has been released effective Sept. 26/95, and has no entitlement to pay and allowances from this date. If member is on MPHL do what has to be done and fax a msg to D Pers A for immediate action. Please call me with indication of what you have done."

78 No resolution to this situation occurred and, in November 1995, the Base Surgeon wrote to the Director of Health Treatment Services recommending that the member be granted an extension of service and sick leave based on the need for further medical treatment and the administrative error which initiated the member's release. A Minute to the Director Health Treatment Services' letter appears to indicate that D Pers A would not accept a recommendation from Medical Services for the extension of the member's sick leave or service as, in their opinion, this decision could only be made by the Minister. The Director of Health Treatment Services states that the Base Surgeon was to be briefed, and further indicates in his written Minute that the member was to be briefed and that he would be offered assistance in filing a claim against the Crown in accordance with regulations.

79 Apparently this never occurred. As a consequence of these decisions, the member was released from the Service with a permanent shoulder injury, in an emotional state of anxiety and in a financial position which the member believes contributed to the breakup of his marriage. He has found employment in the civilian community. Fortunately for him, his employer is sympathetic to his situation and allows him to work at his own pace. He is emotionally bitter and angry towards the Armed Forces. He believes that he was a dedicated and committed serviceman who was abandoned and treated poorly. In his mind, his medical treatment was unacceptable and this lack of competent care has left him permanently injured. He refuses to attend Remembrance Day Services even when Peacekeepers are featured, takes no pride in his military service and will not wear or display his decorations.

Case History #5

82 This Captain has been able to gain financial compensation through VAC for his injuries but sees both the military organization and VAC as being insensitive and difficult to deal with. He is a survivor of a fatal Sea King crash. He describes how on impact he

found himself strapped in a burning helicopter. He remembers how the pilot and co-pilot had fought to save the crew's lives. He describes how the smoke and flame hampered him from moving forward in an attempt to rescue his pilot and co-pilot. He speaks of finding them both dead and how he knew instantaneously how his pilot had died on impact as he was still strapped in the aircraft, but that his co-pilot had died due to the smoke and fire as the co-pilot had had time to release his safety harness. He relates how at that point he decided to crawl from the burning aircraft through a lower hatch. As he did this, he looked up into the face of his dead crew commander and realized that the pilot had landed the aircraft leaning out of the aircraft window thus compromising his own safety to save his crew.

83 He believes that the death of his crew and his own injuries are directly attributable to the Canadian Forces "can do attitude." He believes that the equipment that we use is inadequate and that our primary role is to cower to the politicians sending our people into harm's way ill-equipped and ill-prepared. He firmly believes that his Unit did everything that could be done for him and for his family and he is grateful for their involvement. However, he believes that the rest of the administration, pay and supply world let him down and he sees it as being laughable.

84 He supports this attitude with what he believes are situations which smack of stupidity. After the crash, when he was attempting to document his claim for personal equipment, the Crown insisted that all claims for his personal kit be made through his household insurance, even though the destruction of his personal items were directly attributable to military duty. He found it interesting that DND did reimburse the deductible, but was astounded when he received a phone call from his private Insurance Company which queried why the Assistant Judge Advocate General had contacted the Company directing them not to reimburse him for any of his military uniforms.

85 He indicated that this situation became even more bizarre when he was to return to duty. Since the Crown had not replaced his uniforms he went to his Supply Section and purchased what he required to allow him to be dressed appropriately. At the direction of his superiors, and as the Crown had suggested that they would replace his uniforms, he initiated a claim for reimbursement. When he attempted to action this claim, he was told that he needed to sign an affidavit that in fact his uniforms were destroyed due to military duty. Though to him this seemed bizarre, he did as requested and swore an affidavit before his Deputy Commanding Officer. When he took this affidavit and his claim to the appropriate authorities, he was told that the affidavit signed by his DCO was not valid but that the affidavit had to be signed by someone in the Comptroller Branch. He felt it was ridiculous that the affidavit of a senior officer was not valid, however he complied and had a senior officer in the Comptroller Branch endorse another affidavit. To his surprise this was not accepted, and so one night, while on duty, he faxed a note to the Personnel Newsletter indicating his disgust with the stupidity of the system. Ironically, the following day, he received a phone call from the Comptroller's office stating that they were prepared to pay his claim for his uniforms, but that he would have to complete another affidavit, in front of the Comptroller, indicating that his uniforms were destroyed due to military duty.

86 He firmly believes that the Armed Forces systematically isolated him after the crash because he had criticized the aircraft to his superiors as being dangerous. He indicates that he was directed by his superiors to "keep his mouth shut." He believed that this isolation occurred because "the Minister had publicly stated that the aircraft was a fine piece of equipment even before the ashes had cooled." He further supports this supposition with the information that the crew of the aircraft on which he flew back to his home station were instructed that his family was not to be notified while the member was in transit. The family was only to be notified after the aircraft had touched down. The family was

then driven on to the apron to meet the aircraft. The member further supports his contention by stating that though he could walk he was not allowed to meet with his Squadron even though the Squadron members were waiting for him upon his arrival.

87 The member indicates that outside of his Unit and the wives of his Squadron colleagues, his family received little support. He indicates that he was referred for a Critical Incident Stress Debriefing (CISD), but that it never happened.

88 He states that for him it is an ongoing problem dealing with VAC and SISIP. He further indicates that the assumptions that are made by both these organizations place the burden of proof on the members to justify their injuries and why they should receive compensation. He believes that he now finally understands these two organizations and that one must constantly fight to obtain a hearing.

97 A former MCpl in the Engineers, who after being struck by a drunk driver while serving in a special duty area had to lie in his own faecal waste and had to use his bed sheet to clean himself.

98 Soldiers who continue to suffer the after-effects of injuries sustained in special duty areas are afraid to obtain treatment as they fear that if the military finds out about their condition they will face career ramifications. For the same reason, members who are able to obtain provincial health care cards utilize civilian medical facilities because they do not trust the military medical or administrative systems. Family after family who were never informed concerning the circumstances of injuries were misinformed about the injuries or found out about injuries to their loved ones through the media. In one case, the spouse of the member saw him being removed by stretcher after he was wounded while she was watching the national news. When she called his Unit they had no knowledge of the incident or that her husband had been wounded.

Reserve Force

99 The Reserve Force is a volunteer organization and it is understood that regulations regarding Reserve service are different from the Regular Force. The concerns identified by members of the Reserve Force who responded to the survey or were interviewed by a team member are the same in most areas as those of the Regular Force members; however, there are also different concerns that arose.

100 It is evident that the main area of concern is in the area of medical treatment. It is not the quality of treatment that is in question but the ability to actually receive medical care. In some cases, there were discussions between members of the Reserve Force and Regular Force as to who is responsible for the medical and administrative care of the injured member. The biggest dispute is centered on financial resources.

101 Disability Compensation is available to provide for the loss of income for injured Reservists until they are recovered and able to return to work, seek gainful employment, or return to school. The time it takes to process a disability claim for Reservists is a great dissatisfier. The awarding of disability compensation to a member of the Reserve Force is based on a Summary Investigation or Board of Inquiry, which is conducted by the employing Unit. In this process, no less than four levels of recommendations from the Investigating Officer to NDHQ are required, with the exception of the Army in which there are six levels. Most of the Reservists expressed concern with having to wait two and even three years before any payment was made. Few members are also aware that an advance payment of compensation is available. The advance payments tend to be given reluctantly even though the member signs a statement regarding repayment if the

compensation is not awarded.

102 Evidence suggests that benefit entitlements for Reserve Force members are not well known or understood by either Regular Force personnel or Reservists themselves. Delays and difficulties in applying for benefits or requesting treatment are often centered on who will pay, the Regular or Reserve Force. There are cases indicating that Reserve Commanding Officers believe that Disability Compensation is taken from their Class A budget which is used for training, and are hesitant to recommend that a member receive entitled compensation.

103 Many Reservists employed on Class B or C full-time service do not have a parallelling civilian career. Although they do not have access to all benefits awarded the Regular Force member, such as a pension plan or equivalent pay, the military is their career. Most Reservists believe that they should be cared for by DND if an injury is sustained as a result of the member's voluntary service. Injured members are retained on Class B or C service until the agreement has expired. Numerous Reservists stated that their employment agreements had been ceased prematurely when it was realized that the members could no longer perform their duties. Once the Class B or C employment agreement is completed, the member is deemed to be on Class A service even though he or she may not be able to parade because of injury. When the member cannot parade with his or her Unit, he or she could fall into a non-effective status and possibly be released because of it. At this time, there is no vehicle such as the MPHL to hold these members while recovering from their injuries. It is also during this time period that the members' accessibility to benefits such as medical treatment becomes troublesome.

104 Injured Reservists who have been given a temporary medical category are not eligible for full-time Reserve employment until they are medically fit for military service. The member may, however, continue to be employed on Class A service, which is primarily operation training, particularly in the Militia. Should the member be able to seek civilian employment, he or she is not eligible for Disability Compensation. In one case, a member of the Regular Force and a Reservist sustained serious injuries while serving together in a Special Duty Area. The Reservist received Reserve Disability Compensation which was discontinued on reception of a VAC disability compensation, when in fact it should have continued until released from the Forces. This is not the case for the Regular Force member injured in the same accident who was retained with full salary and a VAC pension until medically released. This is where DND fails to be a fair and equitable employer in a Total Force. The majority of Reservists responding to our survey stated they felt that Reservists are treated like second class citizens and should be entitled to the same benefits afforded members of the Regular Force who are injured on duty.

105 There was also an instance of a Reservist who was injured in a training accident in Gagetown who had nothing but praise for the medical care, morale and administrative support he received. The following stories are representative of those members of the Reserve Force who replied to the survey or were interviewed by a team member.

Case History #7

106 This LCol is a former Commanding Officer of an Infantry Unit in the Reserve Force. In 1994, on the second to last day of summer concentration, he injured his knee while traversing a swamp in Petawawa. Initially, he did not realize the seriousness of his injury and therefore did not seek medical treatment. When he returned to his home in North Bay the next day, he realized he should seek medical attention and saw his civilian doctor. He consequently underwent six (6) surgeries to correct the problem. Once he realized the state of his disability and could not complete a teaching contract, he sought compensation from the Military for lost wages. He found the correct path to follow, seeking advice from

the Land Forces Central Area (LFCA), and a Board of Inquiry was convened. He was sent to a military doctor at the Support Base Hospital, 22 Wing, for an examination as directed by LFCA. The member was refused an appointment because he was a Reservist. It took the intervention and cooperation of both LFCA and AIRCOM to enable the member to receive the examination.

107 He also had considerable difficulty receiving reimbursement for medical support items not paid for through OHIP or his additional health plan Green Cross. The difficulty of the claim seemed to be over money and who would pay. After a few weeks the matter was settled and the member received reimbursement. In this case, a considerable amount of the total costs were covered by OHIP and the member's additional health care plan for an injury he sustained while on military duty.

108 He experienced great difficulty in receiving advance payments based on the Disability Compensation, although he was entitled to them. He stated he did not think that the officer he dealt with at 22 Wing had the right to judge whether his other sources of income were adequate or not. Only with his persistence and with the support of LFCA did he finally receive the advances. He further stated that his rank and experience alone enabled him to access the financial and other support he received. He believes that persons with less experience and junior rank would find it even more difficult to get help.

109 He did not receive any offer of family support since, in his case, it wasn't required. He did state, however, that other members, under the same circumstances, might require family support such as respite care, transportation for medical treatments and additional assistance around the home.

110 This LCol reported that the support he received from VAC was excellent once he found out that he could initiate a claim through them. He did however state that he lost five (5) months of benefits because of the delay in filing the claim. He also stated that DND tried to stop the payment of his Disability Compensation when they were informed that he was collecting a Long Term Disability Pension. He stated that it was with the accidental intervention of a General who learned of the conflict that it was resolved.

111 He recommends that a comprehensive aide-memoir be provided to all Reservists concerning all services available to them and how they may be accessed. He was not satisfied with the Career Review Board (Medical) (CRB(M)) release process as it took over a year and a half to process his release, and stated that he thinks that this must be very costly to the Military and that it ties up a Reserve establishment position by a member who cannot perform his duties.

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Discussion

Organizational Support

121. The analysis of the questionnaire and the personal interviews revealed a high level of dissatisfaction among our injured personnel over the manner in which their situation was handled by the Canadian Forces. From an organizational support perspective, three general areas of concern were identified. These centered on the provision of information, the provision of assistance, and the recognition of the injury/death.

122. The provision of information was high on the list of concerns expressed by those interviewed and the respondents to the survey. Commencing with the notification of injury/death, many reported that their families were never officially notified and/or they experienced difficulty when seeking elaboration on the details. When death was involved, the difficulty led to suspicion of cover-up. In the case of injury, individuals reported lengthy delays prior to their family being officially notified or in some cases never receiving official notification.

123. In one case, a soldier who had been injured reported that except for his contact with his spouse, the only other source of information was a newspaper article. No one from the Canadian Forces contacted the spouse until seven (7) days after the shooting occurred. Today, this spouse is still bitter towards the Canadian Forces. The cases where the Canadian Forces was praised for its efforts in this area appear to have been more individual-related than systemic. As in the case of a Medical Officer who contacted the family on an almost daily basis to keep them informed, or the Commanding Officer who contacted the family personally and followed up a few days later.

124. While frequently there was a wide variation in the timings of notification, universally the respondents (91.5%) reported a lack of information around entitlements (i.e., SISIP, VAC) as being a major problem. Information was often obtained either by accident or word of mouth and only then after considerable time lapse and in some cases financial loss.

125. As one individual put it: "I have had to find everything out myself about my benefits, as the military just turned a blind eye/ear towards my requests for benefits. It was like the military would NOT accept responsibility for breaking me, and all they wanted to do was throw me away (release me). ...Why are the benefits such a 'secret' to military personnel?"

126. Or as in another case: "Nobody could or would assist me in finding the right connections for starting procedures for a medical pension...., nobody seems to know about Veterans Affairs, or, they like to keep it a big 'secret'."

127. This sense of frustration, lack of direction and feelings of abandonment were commonly reported. Injured Personnel indicated having nowhere to go to find out this information and in some cases reported not even knowing the questions to ask.

128. The second general area of concern centered around the provision of assistance to the families of injured personnel. Again there was a wide variation in the type and amount of assistance forthcoming. Where death was involved, the CF was frequently praised for the amount of assistance provided. The provision of mature Assisting Officers who possessed the sensitivity to understand the family's needs was often cited as an important factor as was the choice of

someone who knew the victim and the willingness of the Unit to maintain contact with the family after the funeral. One family summed up their experience as follows:

> "I feel DND was excellent. They were very compassionate and extremely helpful on all aspects regarding the death and funeral of my son. They were also very helpful with regards to pensions, etc. I hope they continue to do an excellent job. It made a very difficult and emotional time a little easier."

129. In other situations the sensitivity was lacking, as exemplified by the following:

> "The day after he (my husband) died, three officers came in uniform and sat at my kitchen table telling me about all these 'entitlements', and ended by telling me I could stay in the PMQ for only six (6) months more. First of all, I couldn't understand everything they were telling me. I had just lost my husband. All this administration should have waited a few days."

130. In cases of injured personnel, the Canadian Forces sometimes went the extra mile to ensure that the member and his or her family were well cared for. There would be regular involvement by the Unit and offers of tangible assistance. In other situations, there was no involvement. "I never received even a phone call from any of the higher ranks during the entire six weeks that I was off work." Or the case of the individual hospitalized away from his family who describes his experience as follows:

> "I was left to basically fend for myself. The Unit provided me with little clothing and very little contact. I never saw anyone from the Unit and only one Duty Officer came to visit in three weeks. Family and friends provided me with support, something the military preaches but does not deliver."

131. This lack of involvement conveys the perception of a lack of caring or concern by the leaders and contributes to the belief that they are only concerned about themselves.

132. The last area highlighted by many of the respondents concerned the need to officially acknowledge injured individuals and families of casualties sustained during deployment. The importance of this recognition was reiterated by many who saw this acknowledgement as tangible evidence of their sacrifice. The practice of awarding the "wound stripe" was identified as one means to note their contribution, however, the awarding of this was not always seen to be consistently applied and in some cases it was received only after lengthy delays. For some, the significance of the award was minimized when it was received via the mail. For some families of individuals who were "killed for their country," there was frustration over the lack of official recognition by senior members of Government.

Medical Support

133. Personal health is an area where most military members lack knowledge and thus are vulnerable to strong emotions about their medical care. This is particularly true if medical personnel have not taken the time to inform them, in language that they understand, about their medical condition. These emotions become highly focused if the individual has faced what may be in their mind a potentially life-threatening injury. When our injured members perceived that they

were not listened to by medical personnel or were not consulted about decisions that impacted on their treatment, emotions of distrust and anger become prevalent. This generalized distrust of the medical system by injured personnel and their families was manifested by members' actions in refusing to seek treatment for continued problems related to their injuries or, if they could obtain a provincial health care card, seek treatment through the civilian system. The litany of complaints concerning our injured members' medical care ranged from those that point to medical personnel who simply did the minimum, to circumstances where members were misdiagnosed and treatment was delayed in some cases many months.

134. Members spoke of lost or misplaced medical records delaying treatment or administrative action, and documents from non-English or French-speaking medical physicians not being translated, thus delaying medical care. Injured members consistently talked about how CF98s were not completed and how, on the advice of medical personnel, they did not complete this document. This resulted in delays or denial of claims through VAC. A number of injured members pointed to how transportation to and from hospital and MIRs was inadequate given their injuries. Members related how they struggled to utilize commercial transportation systems that were not equipped for persons with their type of injury. A number of our injured members spoke of how they travelled back from special duty areas on commercial aircraft unescorted and had to depend on other passengers to assist them. Families of injured members pointed to the lack of follow-up services such as home care for the member and how, when the spouse was available to support the member, the spouse was not given information on the appropriate way of assisting the injured member. A lack of resources for patient care became a theme and injured members suggested that the Medical Branch was so busy proving how it can save money that patient care had become secondary.

135. During many of our interviews, hostility was engendered when the discussion turned to the actual treatment that the injured person received. Members spoke of when they were placed in civilian medical facilities in Special Duty Areas they felt abandoned. No one visited them and civilian medical staff could often not communicate with them as they spoke no English nor French. Injured members believe because they were military members of a foreign power they received poor and in some cases unacceptable care. Care that the member received through the Canadian Military and what they received through the resources of other military systems was often contrasted. One member suggested that when he was treated in an allied medical unit his treatment was done with consideration and respect for him as a casualty. When he was passed to a Canadian Medical Unit he was treated as a patient, receiving little consideration. Injured members believed, in some cases, that Medical Assistants hampered their treatment by not allowing direct access to a Medical Officer. Injured members suggest that Medical Assistants manipulated them in such a way that pain and suffering was increased. Some members believe that their injuries were either misdiagnosed or not diagnosed completely which has resulted in exacerbation of their injury. Injured members also commented on the lack of ability on the part of medical personnel to be able to recognize the symptoms of CIS and PTSD. When these symptoms were recognized there seemed to be a reticence to refer the member for assessment and treatment.

136. The overriding concern for many of our members was the attitude that medical personnel projected towards them. Many members commented on the insensitivity of medical staff towards the member's condition. Members offered examples to support this perception. However, these

examples may point to individual behaviour rather than a generalized attitude. Injured persons spoke of physicians who openly argued amongst themselves concerning a particular treatment or procedure while the patient was in attendance. They spoke of how physicians became angry at being questioned by a member about a procedure that the physician was contemplating for the injured person and they described how physicians did not listen to their concerns. Injured persons believed it did not matter what they told the physician once a diagnosis was made. Nurses received little mention from our injured members but when a member spoke of their involvement it was not positive. Generally, the comments would suggest that the nurses our injured members encountered were more concerned with maintaining the rules than assisting the patient. Medical Assistants drew much ire for demonstrating an attitude that by assumption suggested a member who was not obviously injured or sick was a malingerer.

137. There were 77 comments made by injured personnel during the interview process that singled out their medical treatment. Twenty-four (24) comments were generally positive with three (3) comments suggesting that the members' care was good or outstanding. These positive comments, in the majority of cases, were aimed at the primary care that the member received in the Special Duty Area. This would suggest that when a member was seriously injured he or she perceived that the initial medical response was good, but that as his or her treatment continued the injured person believed that there was deterioration in his or her care.

Pension Support

138. Respondents to this survey, as well as those who were provided with face-to-face interviews, have expressed a wide range of feelings on the treatment and support received from the three main providers of Long Term Disability Pension and Compensation (LTDPC), namely, SISIP, VAC and CPP. The feelings have not all been negative. In some cases, especially when it involved families of deceased personnel, the support provided by DND has been lauded. Those who reported dissatisfaction did so for the reasons reported in the following sub-paragraphs:

a. lack of knowledge or misinformation on disability pensions;

b. poor support from DND in applying for medical pension or compensation;

c. need to fight an uphill battle for recognition of disability;

d. denial of disability benefits because of the restrictive definition of *'Total Disability'*;

e. increased cost of living in household because of injuries, often leaving the family without suitable income;

f. reduced income even with full disability benefits;

g. inadequate compensation for level of suffering and injuries;

h. lack of proper assistance and compensation for needs (service, material and equipment) arising because of injury;

i. failure to be recognized as a **Veteran** even if injuries resulted from armed conflicts;

j. lack of guidance from DND to assist in coping with the consequences of injury including the need for organizational support when applying for disability compensation;

k. need to resort to appeals to obtain disability compensation even when deemed 'totally disabled' by medical authority;

l. limited access to medical and other information required in the claiming process;

m. difficulty supporting claims because medical documentation has not been raised or is missing from the file; and

n. feeling abandoned and misrepresented.

139. Except for those that qualify for SISIP disability, few of the totally disabled individuals (based on SISIP, VAC and CPP definitions) are receiving 75% of their former income. Even a 75% level of compensation is not adequate because the family is suddenly facing additional medical and related expenses. Furthermore, loss of income from part- time employment (outside CF) and/or loss of revenue by spouse forced to terminate employment to attend to injured/disabled are not uncommon and are never accounted for by SISIP, VAC or CPP. Thus, injuries resulting in disability increase financial hardships causing frustrations and often despair.

140. Disabled personnel and families of deceased have a need for some sort of income and it can't be delayed for too long. Extended delay between the last pay cheque from the Canadian Forces, at release, and the first issue of disability benefits is unacceptable. Delays are usually the result of slow processing of application, refusal on first application, which is considered a current practice with VAC, and time-consuming appeals. Many respondents told us about desperate situations and dire financial hardships while waiting for pension benefits to begin. In many cases, Social Welfare and/or the financial assistance from family and friends have been their only source of income and support. We have learned through a variety of sources that dissatisfaction and at times despair were always preceded by some sort of expectation that failed to pan out.

141. False expectations, specifically the two noted below, and a general lack of information due to misinformation and misinterpretation of the relevant policies are nurturing discontent. The first false expectation relates to *Total Disability* and the second to *Insurance Benefits.* In the first instance, it is a result of the restrictive nature of the definition of *Total Disability* used by SISIP, VAC and CPP and of members' perception of the organization's responsibility and obligation in taking care of the seriously injured. Many members believe that Long Term Disability (LTD) covers, or ought to cover, all cases of disability, partial or otherwise. In the second instance, it is the belief that the word **'insurance'**, as in SISIP, guarantees payment under any circumstances, regardless of the extent of disability. It is thought to be an insurance policy.

142. SISIP defines *Total Disability* as:

> "An individual who has been released from the Canadian Forces and, at the date of his release, for at least 13 weeks has been incapacitated by a medically determinable physical or mental impairment which prevents him/her from performing **'any and every duty or any substantially gainful occupation or employment'** for which he or she is reasonably qualified by education, training or

experience."

143. The SISIP definition is much more restrictive than the definition applicable to the Public Service Commission (PSC) which will accept "any physical or mental impairment preventing someone from performing **'one's own occupation...'**" to qualify for full disability benefits. Applied to the Canadian Forces, the PSC definition would likely guarantee all those released under a 3a or 3b item full disability pension coverage, at least for the first two (2) years after release.

144. The above considerations and the general response from members who took part in this survey are telling us that DND, which places members in harm's way more than any other organization, has a long way to go to properly care for them. Removal of uncertainty and disillusion (which were prominent on their list) could be better attained through appropriate demonstration of leadership, face-to-face explanation of policies, greater sensitivity from those that evaluate disability cases, more detailed explanation of reasons for refusal, better support from DND and policies more responsive to their needs.

145. Reserve personnel have additional grievances regarding the administration of disability compensation for Reservists. They are:

a. Medical personnel do not see an obligation to provide medical services to **'veterans'** on return to Class A status.

b. Reserve personnel do not always receive disability at comparable rates to the Regular Force.

c. the VAC appeal process is far too slow, especially in cases of PTSD.

146. The intent of QR&O 210.72 is to compensate for loss of income during the period of disability. However, the member is not entitled to compensation until a diagnosis of injury, illness, or disease is made by a competent authority even though the root cause may be traced back in time. This has been difficult for cases of PTSD and Gulf War Syndrome. The application of this benefit is not always well understood and needs to be better communicated to members of the Reserves.

147. The Department has made some progress in its attempt to provide the Regular and Reserve Force members with improved compensation and benefits. Some recent initiatives are listed as follows:

a. DGCB has revised the policy on **Compensation for Disability Reserve Force** effective 1 May 1995. It allows for members of the Reserve unfit for duty to receive compensation for disability under QR&O 210.72, while receiving pension for disability from VAC.

b. Consultations between ADM (Per), JAG, and VAC staff are taking place to provide a better service to members.

c. CHS will facilitate access to DND medical files; JAG will address issues associated with the Privacy Act to exchange required information more freely; VAC is streamlining the

process involved in processing first applications and appeals (date of application to payment has been reduced from an average of 522 days in February 1996 to 201 days in June 1997).

d. A review committee chaired by DGCB is being established to consider complex cases.

e. The concept of a central service advisory cell, providing one-stop access to information is being contemplated to provide initial advice on the different programs available to Canadian Forces personnel on compensation for death or disability. The mandate of this cell could also involve visiting and counselling injured personnel on the programs available, advising different departmental agencies of potential claimants, and following-up on cases. As of 1 April 1997, the Disability Compensation Information/Advisory Cell was established, with hotline access, to provide advice on pension entitlement.

f. Commands would have the responsibility to bring forward individual cases where illness, injuries, or disease may lead to a disability.

148. A key theme reported and often repeated in the analysis of the survey questionnaire is the general high level of dissatisfaction and the feelings of uncertainty and disappointment with the attention and support received from DND. These feelings are substantiated by the following demands: being kept informed; quickly bringing issues to a close; receiving full explanation for decisions made on their behalf; being supported by the organization throughout the process of applying for disability pension or compensation; being adequately compensated for injuries/death; receiving recognition for contribution by being given **veteran** status; being given the same ability to provide for family after injuries as before; and being assisted in meeting future aspirations (employment).

149. The adherence to rigid definitions on disability, the insensitivity of leadership towards the members' needs as injured and/or disabled; the failure of the organization to prevent situations such as those reported by interviewees; the inadequate level of compensation allocated which culminates in dire financial distress; and the selfishness in discounting family problems that result from injuries or death due to military duty are all issues that need immediate attention.

Career Support

150. For many personnel (61.3%), the impact their injury would have on their future with the Canadian Forces was of major importance. As with other areas of support, the lack of information was frequently noted:

> "I have not been informed about the **what IF**! If my hand does not get better and I am not (able to) perform my duties what happens? Am I released on my own? Am I entitled to financial support? Will I have a pension?"

151. Personnel repeatedly indicated receiving little or no information either from their Unit or medical personnel as to the possible ramifications of their injury.

152. Many individuals expressed difficulty in seeking medical assistance because of possible career repercussions. "Soldiers are scared. They're afraid if they tell the medical folks they have a

problem they'll lose their career."

153. An individual stated that for 4½ years he was afraid to speak up for fear of being released. He is still unsure if he will be released or retained even now five (5) years later. Another indicated that: "When my injury happened, I knew the army would look after me. I was wrong and have been trying to stay hidden ever since."

154. Others report frustration over the lengthy delays prior to a decision being made. Individuals and families are left in a limbo situation wondering if and/or when they would be released. The hardships created by this uncertainty are often as stressful as the injury itself.

155.. In cases where members were to be released, 65.4% of those surveyed indicated that little in the way of assistance was provided to aid in transition. There is widespread belief that, once it has been determined that release is to be the course of action, the Canadian Forces ends its responsibility to help the individual.

Financial Support

156. Financial support given to injured personnel is recognized as an immediate concern. The replies to the surveys found that many of the concerns of injured personnel regarded the lack of financial compensation available for costs incurred as a result of their injuries. Of those members surveyed, 77.8% indicated that little assistance was made available to address their financial need. The members incurred additional costs for transportation to and from medical appointments; for clothing and personal items lost during evacuation from theatre to local hospitals or Canada; transportation for families to be able to visit the injured member; and the cost of phone calls to and from family members. In addition, members have had to pay for crutches, wheelchairs and other equipment necessary for their mobility; in-home care necessary for their recovery; and professional counselling for both the member and the family. Most of the members felt that a flat sum given to cover his or her additional expenses would be a considerable help, and in some cases is expected.

157. Disability compensation for members of the Reserve Force does not compensate their loss of civilian wages although their injury is attributable to Military Service. In some cases this loss is considerable and could cause financial hardship. A lot of the medical expenses are covered by the Reservists' provincial and private health care plans, which provides a saving for the department.

Family-Related Support

158. The study revealed a drastic inconsistency in how families were treated and negative experiences were by far much more frequent then positive ones. Those who were satisfied reported being taken care of from the onset of the incident until its resolution. They were provided with timely and accurate information, were quickly put in contact with the injured member or with the Medical Officer, the Padre or some other care provider in theatre. The medical condition and the treatment plan were explained to them so that they knew what to expect, and emotional support as well as concrete assistance were made available to them on an on-going basis. The same type of support and availability were reported by bereaved families and some indicated that care providers had even gone out of their way to be helpful.

159. For most families interviewed, the reported assistance they received ranged from having some very basic requests met, often with a somewhat reluctant or matter-of-fact attitude, to being left on their own to fend for themselves. Many were never officially notified of the incident involving their military next of kin and found out from friends, neighbours or the media while others were provided with incomplete or inaccurate information and promised follow-up never occurred. In other cases, where military personnel had specifically requested that a particular family member not be notified — usually because of a medical condition — that very same person was contacted regardless, and most often than not by telephone. Requests for transportation to NDMC or for financial compensation for related expenses were met with reticence and most often approval was granted at the very last minute. Home care assistance after discharge from hospital was not available and neither were funds needed to purchase same, resulting in additional expenses or in loss of spousal income. Psychosocial services aimed at facilitating adjustment to the injury and its consequences, as well as family reintegration, were not offered and information about the availability of such resources was not provided.

160. As for bereaved families, most deplored the lack of access to information pertaining to the circumstances surrounding the death of their next of kin, and the lack of transparency of those in authority. Some felt very strongly that the death could have been prevented and as a result had or were still experiencing considerable difficulty in accepting it. Most were very dissatisfied with the assistance provided by their Assisting Officers and complaints ranged from lack of related knowledge to lack of availability to lack of concern, interest and involvement. In some cases, matters of a legal nature were handled in such a way as to raise ethical questions. All deplored the slow settlement process for gaining access to whatever benefits they were entitled to, and some were very angry at how quickly the system seemed to want to be rid of them once it was all settled.

Logistical Support

161. The system of medical evacuation and transportation of patients has not gone without difficulties. Almost 50% (48.1%) of the respondents stressed dissatisfaction with the provision of transportation assistance. In some cases the injured members have had difficulty making their transportation arrangements and were given little or no assistance. Injured personnel have lost military kit and clothing as a result of their personal belongings not accompanying them. There have been instances where members were evacuated to a hospital wearing only their underwear. Their clothes were never sent to the hospital. In several other cases, patients were hospitalized and given a pair of hospital pyjamas. The members were transported to another hospital at which time they were asked to return the pyjamas, leaving them naked except for the bed sheet.

162. Injured personnel are not always accompanied during Return to Unit (RTU), however, there are cases when they should be. One member who sustained eye injuries while serving in Haiti, was evacuated to Miami with no assistance, eyes fully bandaged. He felt fortunate to find a doctor on the flight who assisted him. One soldier had sustained severe leg injuries, had his complete leg in a cast and required the use of a wheelchair. When discharged from NDMC, he asked for assistance to get to the airport. He was told to take a taxi.

163. Family members of injured personnel are not given assistance with transportation to visit the

injured member. Currently, only the person identified as the next of kin is provided with one visit. Many of the members think it would be more acceptable to allow immediate family members such as their wife and children or both parents to be afforded this benefit.

164. There are cases where Units went out of their way to provide assistance to their injured members with access to the duty driver or by the assistance of a Unit member, for which the members are grateful.

165. Approximately 45% of the members requiring special equipment were dissatisfied with how this issue was handled. In some cases, the members purchased their own crutches and wheelchairs to facilitate their mobility.

Conclusion

166. The Care of Injured Personnel and their Families Review was a project whose aim was to determine the level of the CF/DND success or failure in providing members and their families adequate medical and administrative care post-injury. It was to ascertain if the "cases" which were being made public at the time the review was ordered were just isolated ones and not necessarily symptomatic of a larger systemic problem. The review process sought to determine how members, former members, their families, or their survivors really felt or thought about services they received post-injury or death. In this sense, it became a "perceptual" type of journey, one which addressed levels of success or failure, from the "personal perspectives of the respondents." All factors of the process considered, what seemed to emerge were generalized feelings of disillusionment and despair, outright anger and mistrust.

167. The most commonly expressed feeling, however, was that of abandonment. Generally, military members injured in the line of duty felt strongly that the military forgot about them post their injury and that VAC wasn't responsive to their situations as **veterans**. What can be concluded from this review is that the CF/DND, and certainly VAC, need to make improvements in the way they care for and attend to the needs of injured personnel and their families. After the review process was completed, and even up to the time of writing the report, review team members continued to receive calls from members who wanted to participate, to tell their story. At a certain point, the gathering of information had to cease in favour of completion. This extended interest would seem to lend credence to the review team assumption that the stories heard and the cases discussed were not merely isolated ones but rather symptomatic of a larger "problem."

168. The review provided a picture, albeit from the perspective of members and their families, of how they were treated by the military and by such organizations as VAC after being injured in the line of duty, and produced certain recommendations concerning suggestions for change. Within the stories of the members and their families however, lies the answer to the question of how organizations like the CF/DND or VAC, which purport to care for members, or provide timely and appropriate pension services especially for those who have been injured in the line of duty, would have arrived at the unacceptable situation the majority of respondents referred to in their stories, and why members and their families would perceive that they are not cared for, and why there is an expression of distrust of Headquarters and some of the Leadership, and why there is evidence of low morale and negative future vision for injured personnel and their families.

169. It is not the rules, regulations and policies. in and of themselves, which produce this situation. It would appear to be the basic attitudes of those who must interpret and work within them, the leaders, the gatekeepers, the providers of service. Once set, attitudes are extremely difficult to change. These attitudes are often buried in customs and approaches

long passed. This is comfortable and protective for many because it permits individuals to escape the challenge of change, to escape the close examination of how their basic attitudes are actually affecting those around them, those they are supposed to help. Now, individuals have attitudes and these individual attitudes come together to give a picture of a systemic attitude. The discussion of attitudes serves a purpose here, in that it looks at certain specific attitudes which arose during this review, both to gain a clearer understanding of how and why the system requires changes and at the same time provide an indication of how it might improve.

170. Frequently during this review, the superior attitude and poor bedside manner of medical doctors was noted. Doctors who projected a distinct lack of caring and an inability to really listen to what their patients have to say served only to alienate members, give them the feeling that they were not important, and generally breed a sense of distrust in the military medical system. Some of these doctors even went so far as to accuse the members of faking medical complaints and being malingerers. In a similar vein, Medical Assistants who have projected that same lack of caring and actually prevented certain members from seeing a doctor, because they judged that the member was faking and really didn't need to bother a doctor with complaints, have also exhibited a lack of ability to really listen, as well as an extremely judgmental attitude.

171. Many members indicated that they had feared what their Commanding Officers might think of them after their injuries. They felt that they would no longer be considered important or worthwhile once the dust settled. In fact, the lack of a caring attitude on the part of Commanding Officers was proven to be true on many occasions. Members have indicated that when they were injured and in hospital, no one from their Unit, especially the Commanding Officer who "really should have been there," came to visit them. Then, to add insult to injury, once they were returned to their Unit they were ostracized, even though their injuries could have allowed them to perform certain "worthwhile" tasks in the Unit. They were put on MPHL and forgotten or they were not put on MPHL and forgotten. In any case, the feeling of being second class, of being forgotten, was prevalent.

172. This speaks to the concept of being "damaged goods." Nothing has been more detrimental to injured members' chances for recovery, to their feeling of self-worth, than to be given the impression by those who are important in their lives that they are "damaged." This is nothing short of demeaning and personally destructive and, on more than a few occasions, has been a direct contributing factor in post-trauma stress and suicidal ideation. Members have voiced their opinion that, because they may have an injury which limits their ability to do certain things, they nevertheless can still be productive contributing members of the military, even if in a somewhat reduced or different capacity.

173. The attitude of superiority, or of rigid approaches, of knowing all there is to know when it comes to rules, regulations and orders, has surfaced as well. Far too frequently, members or their families, or survivors, have approached Headquarters with concerns over pension entitlements and, in a dispassionate manner, been given the rules, not explained in a careful understanding manner but simply quoted. They have gone away knowing little of what they needed to, and having been given the distinct feeling that they are powerless to affect any change in their personal circumstances vis-à-vis pensions and other benefits.

174. There are some additional individual and systemic attitudes which arise from this kind

of approach, attitudes which are simply hurtful to members, which concurrently portray and breed a sense of distrust and hopelessness. At the same time, they create an unnecessary war-like stance between the member and the system. A need to have to fight is created which frustrates and angers members and their families. The prevalent systemic attitudes which arise here are:

a. ***"They must come to us":*** They, in the person of the injured member, family or survivor, must approach the system, either the CF or VAC or SISIP, with an application, often without assistance from knowledgeable persons, with a request for a pension. The burden of proof rests with the applicants. They must prove to the system that they deserve a pension as if they are proving their innocence in a court of law. Rather than developing a more proactive understanding "how can we help you" approach, the system sits, it waits. If no one comes, there is no action taken.

b. ***"We say no first":*** In this instance, the system's basic approach is to deny in the first place or to award a pension entitlement on the lowest end of the scale as VAC has been wont to do on many occasions. The response to the applicant is normally "you can always appeal." Here again, the member is left with the feeling that he or she was not believed and must face a burdensome appeal process, more battles, more fights, more frustrations. The majority of members interviewed during this review who found themselves in this situation simply gave up, not knowing what to do next, or lacking the energy to continue.

175. There are some basic individual attitudes which also arise and which only serve to keep the member, the one with needs, in a second class, powerless position. They are:

a. ***"It's not my job":*** Members have frequently related during this review that, when they have had questions or concerns or fears about their futures, about career, about pensions, they have had to "journey around the world" to get answers. They have been shunted from pillar to post to get a complete answer. For them, there was no one place where they could go to get a total response. This is not only time-consuming, it is energy draining. It increases frustration levels and is demoralizing. Each stop in the journey gives them a partial answer and then sends them on with the response; "that is not my job... ." While it may be understood that each pillar has attached to it some form of job description or terms of reference within which the incumbent must operate, it is difficult to understand why decisions like, "I don't know the answer but leave it with me and I will get back to you," cannot be made at the first pillar.

b. ***"You must be trying to cheat":*** This seems to be a pervasive type of attitude within the system and on an individual basis as well. It serves no useful purpose at all and further traumatizes an injured member by giving him or her the impression that he or she is not to be trusted. The basic stance of a person with this type of attitude is that he or she will do all that he or she can do to make the applicant do everything but beg to prove his or her need. A more debilitating effect on the injured person, of course, is that it wears away at them, that it pushes them further down, down that is from the trauma they

have already suffered for the sake of a system which now considers them cheaters.

176. It is difficult to determine how, why, or where, these types of attitudinal approaches began and what continues to feed them. What seems to have emerged though, is a sense that individuals at all levels spend too much time jealously guarding their jobs and responsibilities. Communication between various organizations within the military and between the military and organizations like VAC are porous at best, probably for the same reasons. A type of siege mentality develops within the larger organization and between its constituent parts and the injured member.

177. Certainly, the CF/DND espouses the ethos of a caring organization. It espouses a system of leadership, an officer corps which by definition is supposed to provide for the needs of its members in compassionate and caring actions. What has emerged from this study, however, is the perception that it is not as caring as it espouses and that policies to reinforce a caring approach are dormant or simply do not exist. This is clearly not a conscious decision made by the system or its leaders but rather a fact which has insidiously crept up over time while the organization itself experiences massive changes in structure and orientation. While change can be regarded as a positive process, the overall effect seems to have been that the needs of the soldiers and their families are often forgotten as the CF/DND system at least struggles with the 'business' of macro changes. Leaders need to be affirmed for the difficult jobs they are required to do at the present and the very difficult decisions they are required to make. At the same time however, they also need to be reminded that their *raison d'être*, their primary focus, should be on the troops and their families.

178. This report has pointed to deficiencies in the manner in which the CF/DND provides for its troops and their families who have been injured in the course of their duties. It has also pointed to deficiencies in the manner in which VAC approaches the issue of pension entitlements especially in light of current CF tasking and their inherent dangers and effects. At the same time, however, in the final analysis, it has also pointed to a clear reason to be hopeful for improvements and positive changes. There is found reason to be hopeful in the actions taken by the Commanding Officer of a Squadron who made the independent decision at his own Unit's expense to ensure two of his members were present for moral support to one of their Squadron members who had been very seriously injured. There is found reason to be hopeful in the actions taken by a Commanding Officer of a Battalion, who ensured over the lengthy passage of time, that one of his troops and his family were not left alone to fend for themselves. There is also found reason to be hopeful in the actions taken by a ship's Captain in responding to the needs of his sailors and their families following a specific critical incident. Finally, there is also reason to be hopeful in the approaches and philosophies vis-à-vis support to troops on the parts of current senior military leaders, the Chief of the Defence Staff, the Environmental Commanders, the Assistant Deputy Minister (Personnel) and finally, the Chief of Staff/Assistant Deputy Minister (Personnel). This current review has been given a great deal of support by all of these leaders and others. This should serve to indicate to the troops their seriousness in taking a critical look at how troops and their families are supported after being injured.

179. The writer strongly believes that this review and its recommendations have the potential for being a document which will fundamentally and positively change the manner

in which the CF/DND supports its injured troops. For this reason, this initiative must not end with the presentation of the report. The troops need to see some actions on their concerns and issues which are of importance to them. Given these factors, the writer strongly recommends that the current review be considered only a preliminary step in the improvement process, that a 'second stage' validation/consultation process be initiated aimed at forming the recommendations contained herein together with any subsequent second stage recommendations into a 'third stage' action plan. This initiative should begin immediately.

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Canada

Recommendations

180. The review team felt a strong obligation towards those members and their families or survivors who participated in this review, to be true to their recommendations for change. "Far too often," the team was told "you come to us for ideas and reactions and you take them back to Ottawa and do nothing with them or we never hear anything about the subject again." For this reason, included here are all the recommendations provided by respondents, both from direct interviews and through the narrative section of the questionnaires. These recommendations have been edited for grammar and syntax and similar recommendations have been combined. In the main, they represent exactly what the team was told. Included as well are a number of recommendations made by the Review Team.

181. The presentation of the recommendations has been divided into two separate sections, those suggested by the Review Team and those suggested by the respondents. In some cases, a recommendation is accompanied by a suggestion as to how it might be accomplished.

Review Team Recommendations

- COS/ADM(Per) in his Quality of Life/Care of our People/Conditions of Service capacity be immediately named as OPI for the ongoing development of initiatives or recommendations resulting from this review.
- That this review be considered only the first stage in a more encompassing three stage review of the issue of injured personnel and their families. A second stage, a validation and consultation process should be initiated immediately, which would then lead to a final stage, an action process where the mechanisms for enacting on recommendations from the first two stages could be initiated.
- The Disability Compensation Information/Advisory Cell which was stood up on
- 1 April 1997, be reconfigured to provide a "one stop" answering/advocacy service for pension entitlements and concerns of injured personnel, their families or survivors.
- *This "new" Cell be responsible to COS/ADM(Per). It should immediately develop a proactive stance. Terms of reference for this cell could be developed through the OPI.*
- *The reconfigured Disability Compensation Information/Advisory Cell be staffed with a personnel from the Department of National Defence, the Canadian Forces, and Veterans Affairs Canada. This cell would have direct and ongoing connections to veteran's advocacy groups such as the Royal Canadian Legion.*
- *Organizational structure of cell, including the numbers of staff required and budgetary considerations, mandates and other such issues could be developed through the OPI.*
- *The reconfigured Disability Compensation Information/Advisory Cell be the owner, controller, manager of all data bases on injuries of any kind within the Canadian Forces.*
- *All Summary Investigations on serious injuries, and all other injury data, such as completed CF98 forms should be sent to and retained in this cell.*

That an immediate review of the necessity for using the CF98 as a baseline for pension applications take place.

- *An immediate review of the MPHL process should be undertaken and guidelines be established to ensure that it be used properly, as an administrative tool vice a medical one, and that commanding officers realize their responsibilities to follow-up and monitor.*
- *A system of cooperation and communication be established between Veterans Affairs Canada pension officers, the Canadian Forces/Department of National Defence, the Royal Canadian Legion service officers and any other associations whose mandates involve advocating for veterans and who have "service officers" for that purpose.*
- *The coordination for such a system could be centered in the reconfigured Pension Disability Compensation Information/Advisory Cell.*
- *That leadership schools and/or academies at all levels be required to ensure ample time in their curricula relative to the issues of caring leadership and how that might be exercised.*
- *That leaders at all levels be required to "take time out" at least once every three years for the purpose of taking refresher, refocussing seminars/workshops on leadership skills and officership.*
- *VAC needs to reorient its mandate to include* **Veterans** *of current Canadian Forces Special Duty Area tasking.*
- DND 450 (next of kin form) needs to be examined to clearly reflect its purpose: notification or entitlement to benefits or both.
- Procedures pertaining to notification of injury or death should be amended to reflect the following: notification must always be made in person, at the earliest moment possible; information provided must be accurate and as complete as possible.

Respondent Recommendations

1. Leaders must be more sensitive to the plight of injured personnel.
2. Members must be afforded the opportunity for input concerning career decisions.
3. A representative from the Canadian government should be required to officially acknowledge in person the loss of a member killed on duty.
4. The Silver Cross should be presented in person to the family of the deceased by an individual whose status is in keeping with the significance of the award.
5. Prior to deployment, military personnel and families should be informed about their entitlements, associated procedures and resources in the event of injury or death and understandable written documentation in this regard should be available at all times.
6. The members of the Canadian Forces Medical Services should develop a heightened sense of humanism in their approach to providing medical care (improved doctor/patient relationships, better bedside manners, listening to patients).
7. Commanding Officers and members of the chain of command should have to abide by the recommendations of a Medical Officer.
8. Families of UNMOs should receive support from the base closest to their place of residence.
9. Communication between injured personnel and their families should be made available at the earliest moment possible and reunion arranged at DND's expense as soon as feasible.
10. Communication between families and injured personnel should be provided by Units or cost of phone calls reimbursed.
11. Released personnel should be provided with a list of resources that can provide answers to inquiries related to injuries and compensation.
12. Military personnel having to travel to and from medical institutions for treatment,

should be provided with means of transportation appropriate to their medical condition or reimbursed for the cost of utilisation of private motor vehicles.

13. Member should not be cleared for deployment until verification that an updated will and a next of kin form has been provided.
14. A position of Ombudsman should be created to protect the rights of injured personnel and their families.
15. Members on MPHL should remain the responsibility of their Units.
16. Application for VAC, SISIP, CPP and/or other benefits/compensation must be initiated by Units. These applications should be initiated immediately at the time of injury for those members who are on duty either in a Special Duty Area or Canada.
17. Personnel should be made aware of the appeal process if their first request for a disability pension has been turned down.
18. Medical and other documents related to injuries and necessary to support claims for disability benefits should be made readily available to members on request.
19. A review of current Medevac procedures, including the use and responsibilities of escorts and the facilitation of movement through Customs is required.
20. Psychological assessment of seriously injured personnel should be mandatory.
21. Injured personnel should be closely followed-up to monitor mid- and long-term impact of the injury, even after release.
22. Those members whose injury is of a longer-term nature (chronic nature) should be provided with close follow-up when referred to civilian medical authorities.
23. Medical debriefings should occur as soon as possible post-injury to relieve anxiety.
24. Treatment should always include explanation of the treatment plan, prognosis, and other pertinent information.
25. Referral to Medical Specialists should be made in an appropriate time frame.
26. Whenever possible, military personnel should be referred to Medical Specialists in their own community.
27. Medical Officers should seriously consider the recommendations made by Specialists.
28. Hospitalization to foreign hospitals in theatre should be fully and constantly monitored for appropriate medical practices.
29. Patients hospitalized in foreign hospitals should be visited on a regular basis by a Canadian Forces member to ensure that they are treated well.
30. Patients hospitalized in foreign hospitals should have means of direct contact with closest Canadian Unit.
31. When being taken to a foreign hospital or transferred from one facility to another, casualty should be accompanied by an escort.
32. Medical personnel acting as escort to casualty should remain with the patient, explain medical procedures or treatments, and serve as liaison until he or she is transferred to an appropriate care facility.
33. Upon discharge from hospital in theatre, or after being repatriated, personnel should be examined by a Medical Officer.
34. Personnel involved in serious accidents should be immediately repatriated for full physical and psychological evaluation.
35. Decision to return personnel on patrol duty after involvement in a critical incident should be taken only after some kind of an assessment of the individual's psychological health has been done.
36. Critical Incident Stress Debriefings should be done in accordance with current policies and practices.
37. Whenever possible, patients should be treated by the same doctor.
38. Medical personnel should ensure that CF98s are completed in all cases of accident or suspected accident.
39. Personnel should be given a copy of completed CF98.
40. Soon to be released personnel should be referred to appropriate civilian medical facilities so that treatment is not interrupted.
41. Individuals appointed to provide assistance to injured personnel and families,

including Sponsors and Assisting Officers, should be given appropriate training and be made accountable for their actions.

42. Every base should set up a cell responsible for providing ongoing assistance and support to injured personnel and their families from the moment of the injury or death until such requirement no longer exist.
43. That clear, concise and easily understandable guidelines and procedures for pension entitlements be developed. Such guidelines should be provided to every member of the Canadian Forces and to leaders at all levels who should be aware of the actions they must take in respect of these issues.
44. Support and follow-up in cases of appeal with VAC/SISIP/CPP should be provided by the Canadian Forces, even after release.
45. In coordination with VAC ensure that seriously injured personnel are provided with personal items/equipment necessary to cope with their injuries.
46. The Public Service Commission Long Term Disability Insurance current definition of 'total disability' must be made applicable to SISIP.
47. Review the overall process of VAC claim submission and processing to eliminate delays in payment and to ensure increase success rate on first application.
48. Access to crisis intervention centres, public or private, to deal with PTSD should be made available.
49. Medical or other documents, written in languages other than English or French, should be properly translated and accompany the member on repatriation.
50. Doctors should be provided with training related to PTSD, Gulf War Syndrome, and psychological trauma management.
51. Better administrative management of medical documents is needed to prevent loss of documents and delay in processing various requests.
52. Counselling services should be made available to the entire family following injuries or death. If not available, financial compensation should be provided for paid services.
53. Policy related to next of kin travel needs to be reviewed in terms of definition and entitlements.
54. CF personnel and families should be entitled to reduced airfare when travelling for compassionate reasons.
55. CF/DND should officially recognize "Gulf War Syndrome" as a legitimate medical condition.
56. Legislation on pension benefits for people injured in Special Duty Areas should be extended to include those injured in other than Special Duty Areas.
57. Widows should be provided with financial assistance from VAC to upgrade their ability to earn an income.
58. Children of members killed on duty should be provided with scholarships under VAC.
59. Financial compensation for personnel released as a result of injury sustained while on duty should be equal to current salary.
60. Financial benefits for injured Reservists should include loss of civilian income as a result of the injury.
61. Military personnel should have the option of obtaining medical treatment from civilian Doctors and Specialists.
62. Military personnel should have the right to challenge the diagnosis of Military Doctors by obtaining a second opinion.
63. All Regular and Reserve Force personnel released as a result of injuries sustained while on duty should be provided with options for retraining or adequate financial compensation to ease the transition to civilian life
64. All expenses incurred as a result of injuries sustained should be fully reimbursed or paid directly by DND.
65. A fund should be made available to support personnel and families suffering because of injuries or death of a member until they can access other sources of benefits to which they are entitled.

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